

# **DEVELOPMENT OF THE MENTAL HEALTH COMPETENCY DOCUMENT**

## **CALSWEC MENTAL HEALTH INITIATIVE MARCH 2005**

### **INTRODUCTION AND BACKGROUND INFORMATION**

Early in 1992, under the auspices of the California Social Work Education Center (CalSWEC), faculty from Schools of Social Work and professionals from County Mental Health Agencies throughout California embarked on a collaborative project to develop a curriculum of mental health competencies to prepare MSW level students to meet the workforce crisis in the public mental health service arena. A series of joint work sessions were held resulting in a document entitled "Guiding Philosophy and Principles of Graduate Social Work Education in Community Mental Health" was produced in mid 1993, which included a set of 45 competencies. While there continued to be very strong support for the completion of the entire collaborative effort in mental health curriculum, funding streams and infrastructure support were not available and the project was put in abeyance for a time.

### **CURRENT EFFORTS**

In late 2003, CalSWEC began implementation of its **Mental Health Initiative**, responding to social work workforce needs in the state's public mental health systems. In December 2003, funding grants were received from the California Wellness Foundation and the Zellerbach Family Foundation, to initiate a project to develop a culturally competent social work mental health workforce in California. The project is based on a proposal submitted to the Foundation by Mr. Jeffrey Jue, Mr. John Cullen and other members of the CalSWEC Board to expand the organization's activities. The goal is to expand CalSWEC's focus and successful track record in preparing professional social workers for practice in child welfare to include mental health and aging. The grant by the California Wellness Foundation has permitted CalSWEC to implement the mental health component of this project.

The project to develop a culturally competent social work mental health workforce in California has built upon the work of the 1993 collaborative efforts, and broadened the scope of those efforts to include three major components:

- A. Development of curriculum competencies that can be adopted by schools of social work responsible for training MSW social workers to work effectively in California's public mental health system;

- B. Development of a workforce plan that can recruit and deploy more social workers into the mental health system; and
- C. Identification of future funding sources that can provide stipends to support students wishing to pursue professional social work careers in the public mental health system in California.

The Mental Health Initiative is jointly chaired by John Ryan, Director of Riverside County Department of Mental Health and Dr. Beverly Buckles, Chairperson, Department of Social Work at Loma Linda University. Janet Black MSW, Professor Emeritus from California State University Long Beach was brought on as a consultant to the project. The Mental Health Initiative Committee was then formed drawing members from deans, directors and faculty from the 17 graduate schools of social work, directors of county mental health Departments throughout the state, and several other key stakeholders. The Committee has met four times since its' inception, and has sponsored a Mental Health Summit, featuring Mr. Charles Curie, Administrator, Substance Abuse and Mental Health Services Administration and leaders in education and mental health services at both national and state levels

## **THE MENTAL HEALTH COMPETENCY DOCUMENT**

The primary work efforts of the Mental Health Initiative Committee to date have been focused on the curriculum development component of the overall project. The result of the curriculum development work is a set of Mental Health Competencies at both the first year (Foundation) and second year (Advanced or Specialization) level which can be implemented at each of the 17 schools of social work in the state, and in each of the county Department of Mental Health agencies who are involved in collaborative training agreements with these schools.

Multiple stakeholders in the public mental health and educational partnership arena have developed the Mental Health Competency document through input and review. The document has undergone five (5) revisions, each time integrating newly suggested content areas, revising concepts and working, and adjusting presentation style to show consistency throughout the document.

Participants in the 5 revision stages include the following:

- A. Members of the CalSWEC II Mental Health Initiative Committee
- B. Deans and Directors of 17 California Schools of Social Work
- C. Mental Health Directors representing the 58 counties in California
- D. Faculty Representatives from each of the 17 Schools/Departments of Social Work in California
- E. Directors of Field Education at each of the 17 Schools/Departments of Social Work in California

- F. California Institute of Mental Health
- G. Center for Multicultural Development - California Institute of Mental Health
- H. CalSWEC II Mental Health Summit Participants, July 9, 2004
- I. National Alliance for the Mentally Ill (NAMI)
- J. United Advocates for Children of California
- K. California Network of Mental Health Clients
- L. California Society for Clinical Social Work
- M. National Association of Social Workers, California Chapter
- N. Department of Mental Health Ethnic Services Managers
- O. California Association of Social Rehabilitation Agencies
- P. Parent Partners Group - Riverside County DMH
- Q. California Association of Child and Family Services
- R. California Council of Community Mental Health Agencies
- S. American Board of Examiners in Social Work

#### **SUBMISSION OF THE MENTAL HEALTH COMPETENCY DOCUMENT TO CALSWEC CURRICULUM COMMITTEE**

The Mental Health Initiative Committee is pleased to submit the completed Mental Health Competencies for both Foundation and Advanced Years to the CalSWEC Curriculum Committee for review and approval with subsequent forwarding to the CalSWEC Board of Directors for review and approval.

The Committee strongly recommends that a mechanism for systematic review of these competencies be established to occur every 2 years after their adoption, to assure that the competencies accurately reflect the necessary skills and knowledge to train the MSW Workforce for practice in the public mental health sector.

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**CalSWEC II Mental Health Initiative**  
**Mental Health Competencies**  
**Foundation Year**  
**August 2006**

**A Competency-Based Curriculum in Community Mental Health  
For Graduate Social Work Students**

**Introduction**

The Mental Health Competencies were developed by a collaborative partnership consisting of California practitioners, educators, community leaders, and other stakeholders from the fields of mental health and social work. The competencies support and promote recovery and wellness through independence, hope, personal development and resiliency for children, adults and older adults with serious emotional disturbances and severe mental illness. The competencies support the development and utilization of evidence-based and promising practices throughout the mental health system and promote culturally and linguistically competent services that are sensitive and responsive to the needs of local communities and focus on issues of ethnicity, age, gender, sexual orientation and religious/spiritual beliefs. Consistent with the shared vision of the mental health partnership, services are to be provided in the least restrictive and most appropriate setting with attention to consumer and family involvement at all levels of the mental health system.

The Mental Health competencies are divided into Foundation and Advanced/Specialization categories, which correspond roughly to the first and second years of the MSW program. The Competencies are based on a series of principle statements adapted from the Mental Health Services Act (December 2004) and the California Mental Health Master Plan: A Vision for California (March 2003).

<b>Foundation Competencies (1<sup>st</sup> Year)</b>	<b>Advanced Competencies (2<sup>nd</sup> Year)</b>
I. Culturally and Linguistically Competent Generalist Practice	I. Culturally and Linguistically Competent Mental Health Practice
II. Foundation Practice	II. Advanced Mental Health Practice
III. Human Behavior and the Social Environment	III. Human Behavior and the Mental Health Environment
IV. Workplace Management	IV. Mental Health Policy, Planning And Administration

## **California Community Mental Health Curriculum Principles**

*The CalSWEC Mental Health Competencies are designed to prepare an MSW level workforce to effectively provide mental health services to children, adults and older adults, and to contribute to a Mental Health system which:*

- 1. Promotes recovery/wellness through independence, hope, personal development and resiliency for adults and older adults with severe mental illness and for children with serious emotional disorders and their families.*
- 2. Provides culturally and linguistically competent services that are sensitive and responsive to the needs of the local community, and addresses issues of ethnicity, age, gender, sexual orientation and religious/spiritual beliefs.*
- 3. Strives to involve clients and families appropriately in all aspects of the public mental health system, including but not limited to: planning, policy development, service delivery and evaluation.*
- 4. Strives to create a partnership of cooperation and a shared vision of mental health services with other agency partners in the social service arena.*
- 5. Is an advocate for clients' rights.*
- 6. Promotes the development and use of self-help, peer support and peer education for all persons with mental illness and their families.*
- 7. Assists clients in their recovery to return to the most constructive and satisfying lifestyle of their own definition and choice.*
- 8. Provides persons with severe mental illness and/or serious emotional disturbances effective treatment and high priority for receiving services in the most timely manner.*
- 9. Provides services in the least restrictive and most appropriate setting.*
- 10. Supports a Children's System of Care consisting of family-driven, culturally competent, individualized, coordinated and integrated care with accountability to positive outcomes, which meet the unique needs of children and their families.*
- 11. Supports an Adult System of Care consisting of client driven, culturally competent, coordinated, integrated and effective services meeting the unique needs of adults with severe mental illness, their families and their extended social support system.*
- 12. Supports an Older Adult System of Care consisting of comprehensive and integrated service meeting the unique needs of older adults with severe mental illness, their families, their caregivers and their extended community support system.*
- 13. Addresses the special mental health needs of all persons with severe mental illness and/or serious emotional disorders who also present with co-occurring substance abuse, psychiatric disabilities and/or other multiple vulnerabilities.*

## **I. Culturally and Linguistically Competent Generalist Practice**

*A working knowledge of and sensitivity to the dynamics of ethnic and cultural differences is at the core of mental health services. As a result of their personal experiences with mental illness, mental health systems and their own cultural identity, mental health consumers and social workers alike develop attitudes regarding mental health, along with their individual values, beliefs and lifestyles. Given that cultural awareness and sensitivity are key aspects of providing effective mental health services, this section includes the foundation knowledge, values and skills essential to working with multicultural populations. Linguistically competent practice not only underscores the importance of language itself, but also includes an understanding of the complexities of effective communication in rendering culturally competent services.*

1. Student demonstrates understanding of the influence of racial, ethnic, age, class, cultural identity, gender identity, and sexual orientation identity on interpersonal relationships in community mental health practice.
2. Student demonstrates knowledge of immigration, migration, resettlement and relocation patterns of the major ethnic groups in the United States in the context of both historical and current manifestations of oppression, racism, prejudice, discrimination, bias and privilege.
3. Student demonstrates knowledge of differences between the experiences of immigrants and refugees and the different impact those experiences have on individuals and families.
4. Student demonstrates awareness of the effects of acute and accumulative trauma on the health status, health beliefs, help-seeking behavior, health practices, customs, and traditions of diverse consumers and communities.
5. Student demonstrates knowledge of the unique legal, historical and current relationships between the American Indian/Alaska Native nations and the United States government and the effect these relationships have on the health status and practices, health beliefs, and help-seeking behaviors, as well as on the customs and traditions within and among their diverse tribal communities.
6. Student demonstrates understanding of the influence and value of traditional ethnic and culturally based practices, which affect the mental health of the individual or family and uses this knowledge in working with consumers, families and the community.
7. Student demonstrates knowledge of legal, social, political, economic and psychological issues facing immigrants and their families in new environments. Student uses this knowledge to better understand consumer's choices/decisions related to multiple health care systems (mental health care, health care, etc.).
8. Student demonstrates understanding of the impact and importance of assimilation and acculturation processes in working effectively with culturally diverse individuals, families, and communities
9. Student is able to apply appropriate theories of practice to various ethnic and cultural groups, as well as other diverse groups.

10. Student demonstrates a commitment to cultural competence by undertaking an ongoing self evaluation process with regard to his/her own multicultural awareness and perceptions of difference.
11. Student demonstrates understanding of the importance and necessity of using the consumer and community's native language in all forms of communication (staff, signage, forms, etc.) and its importance to mental health treatment.
12. Student demonstrates understanding of the full range of implications for assessment and diagnosis, including the danger of misdiagnosis when English is not the consumer's primary language and professional translation services are not utilized.
13. Student demonstrates understanding of how variance in a consumer's language can impact the expression and understanding of symptoms and attributions of illness.
14. Student demonstrates understanding and awareness of how his/her own cultural values, beliefs, norms, and world view influence perception and interpretation of events and can influence the relationship with consumers.
15. Student respects religious and or spiritual beliefs and values about physical and mental functioning that differ from his/her personal beliefs and values.
16. Student demonstrates understanding of how biases, prejudices and beliefs are formed about poverty, gender identities, sexual orientation, homelessness, substance abuse and mental illness and how these biases affect relationships with consumers.
17. Student demonstrates understanding of disparities for racial and ethnic minorities, and other culturally diverse groups in terms of access, appropriateness, availability and quality of mental health services.
18. Student demonstrates understanding of the value, necessity, and promotion of consumer and community engagement, participation and involvement in mental health program design and treatment

## **II. Foundation Practice**

*This section identifies the foundation skills that are essential for basic practice in the public mental health domain. Competencies include interviewing, assessment, treatment planning and intervention using an ethno, bio-psycho-social strength-based approach. This approach includes skills in working with children, and adolescents with serious emotional and behavioral disorders, as well as adults and older adults with severe mental illness. Underlying principles of these competencies include knowledge of cultural diversity, linguistic sensitivity and client strength as well as knowledge of concepts of recovery, empowerment, and a consumer-centered, family driven, community mental health perspective. These competencies are demonstrated in accordance with legal and ethical standards, principles of cultural diversity, and commitment to social and economic justice, with sensitivity to the needs of vulnerable populations.*



### **Practice with Individuals**

1. Student demonstrates understanding of human development and the life cycle. Student understands the major themes and tasks of each developmental stage.
2. Student demonstrates recognition of personal values and biases and can distinguish life-style choices from clinical issues.
3. Student demonstrates effective interviewing and engagement skills with individuals and families.
4. Student demonstrates understanding of the role and limitations of using interpreters and translators in providing services.
5. Student demonstrates the ability to complete a comprehensive assessment of an individual and his/her family. Student follows legal and ethical guidelines and obtains appropriate collaborative information for assessment.
6. Student demonstrates an understanding of contributing factors to serious emotional and behavioral disorders.
7. Student demonstrates an understanding of the factors that contribute to the disabling effects of severe mental illness.
8. Student is able to identify the signs of abuse/neglect with minors, older adults and dependent adults. Student demonstrates knowledge of reporting laws and collaborates with supervisors in reporting.
9. Student demonstrates knowledge of reporting laws regarding suicidal and homicidal intent. Student collaborates with his/her supervisor regarding appropriate action including involuntary commitment.
10. Student demonstrates knowledge of ethical issues pertaining to treatment including boundaries, dual relationships and confidentiality.
11. Student understands and utilizes proper documentation/charting as required by the agency.
12. Student demonstrates knowledge of natural, community and institutional supports for persons in crisis.
13. Student demonstrates beginning knowledge of crisis intervention models of suicide and family violence prevention.
14. Student demonstrates knowledge of the diagnostic criteria for substance abuse and dependence.
15. Student demonstrates beginning ability to develop a diagnostic formulation based on thorough assessment.

16. Student is able to develop a coordinated intervention plan, including treatment and/or case management services and a discharge plan.
17. Student demonstrates beginning skills using time-limited interventions.
18. Student demonstrates understanding of therapeutic 'use of self' as an intervention tool for delivery of effective services.
19. Student demonstrates knowledge of the principles of integrated dual diagnosis treatment.
20. Student demonstrates knowledge of the principles underlying recovery supportive practice.

### **Practice with Families**

1. Student demonstrates understanding of interdisciplinary theories and clinical models that guide social work intervention with diverse family systems.
2. Student demonstrates awareness of the changes that affect family functioning occurring across the life span of family members.
3. Student is able to assess from an ecological perspective the diversity of family characteristics (i.e. membership in an ethnic and racial group, gender, sexual orientation, etc.) as these guide the design and implementation of interventions.
4. Student demonstrates ability to implement a psycho-educational intervention model which provides information, support and structure for families of a consumer with a major mental illness.
5. Student demonstrates ability to engage and work with a family in an effective family-driven manner.

### **Practice with Groups**

1. Student demonstrates understanding of the appropriateness of group intervention following a comprehensive assessment.
2. Student is able to distinguish the different types of groups (i.e. psycho-educational, psychodynamic, self-help) and formats for group structure (i.e. open ended vs. closed, directive vs. non-directive).
3. Student demonstrates understanding of the cultural dynamics of the consumer and how this affects the consumer's involvement in a group.
4. Student demonstrates knowledge of the normative stages of group development.
5. Student demonstrates knowledge of available resources in the community that utilize group interventions.
6. Student is able to use strategies that improve adherence to group participation.

7. Student demonstrates ability to work with persons with co-occurring mental illness and substance abuse in group intervention.

### **Practice with Community**

1. Student demonstrates understanding of the resource advocate role in relation to the policies and programs that impact public mental health agencies and their consumers.
2. Student understands and supports the consumer movement, including issues of patient's rights, peer support, self-help and advocacy.
3. Student is able to respect, value, and effectively work with diverse communities.
4. Student demonstrates knowledge of current target population eligibility criteria for publicly funded mental health services.
5. Student demonstrates understanding of the development and resource potential of the self-help movement such as reciprocal help and family advocacy for children, youth, adults and older adults.

### **III.Human Behavior and the Social Environment**

*The competencies in this section include knowledge and understanding of how developmental, psychological, social and cultural theories influence the life span of human development, and the evolution of community and societal change, and how these processes affect practice with children and adolescents with serious emotional disorders, and adults and older adults with severe mental illness*

1. Student is able to identify the major theories, categories and models used to explain serious emotional disturbances in children and serious mental illness in adults and older adults.
2. Student demonstrates understanding of mental illness along the life cycle, and the effect of cultural, bio-psycho-social and environmental conditions.
3. Student demonstrates understanding of the family life cycle, the intergenerational conceptual framework and human development across cultures and social classes.
4. Student demonstrates appreciation for the special strengths, issues and variations found in various family models (i.e. two-parent family, single parent family, blended family, extended family, etc.)
5. Student demonstrates understanding of the developmental, intergenerational and life cycle approach to community mental health practice transculturally.
6. Student understands the impact of mental illness and substance abuse on the consumer and family members at all stages of the life cycle.

7. Student demonstrates awareness of the difference between protective factors and risk factors in individuals and families, and how these factors influence the development of coping skills.
8. Student demonstrates understanding of the dynamics of trauma in its various forms and the impact on individuals, families and communities.
9. Student demonstrates understanding of the unique mental health needs of people in transition between life stages.

#### **IV. Workplace Management**

*This section contains competencies concerning important aspects of agency practice. They address internal relations, organizational requirements, and interdisciplinary and community collaboration for empowerment and social justice. In the foundation year, the students acquire strategies for self-care and safety on the job. Students demonstrate understanding of practice and policy advocacy. Students also understand the importance of consumer, family, organization and community feedback for evaluation of practice processes and outcomes.*

1. Student demonstrates awareness of the need to negotiate and advocate for the development of community based and culturally sensitive resources to assist mental health populations in meeting their goals.
2. Student demonstrates ability to work effectively with agency personnel and consumers in an environment characterized by human diversity.
3. Student demonstrates understanding of consumer and system problems and strengths from the perspectives of all participants in a multidisciplinary team and can effectively maximize the positive contributions of each member.
4. Student is able to identify the interaction between a community and an organization's strengths and limitations, and is able to assess their effects on services for community mental health populations.
5. Student is able to identify the strengths and limitations of an organization's cultural competence and commitment to human diversity and how these are demonstrated.
6. Student is able to seek consumer, family, organization and community feedback (including mental health consumer advocacy groups) for evaluation of practice, process and outcomes.
7. Student demonstrates ability to utilize interdisciplinary collaborative skills and techniques in organizational and community settings to enhance service quality.
8. Student demonstrates understanding of how organizations operate and how their organizational culture impacts service delivery and social work roles, including internal and external forces that both promote and inhibit organizational change.

9. Student is able to plan, prioritize and effectively monitor completion of assigned activities and tasks within required time frames and standards.
10. Student demonstrates awareness of organizational risk management issues, and is able to appropriately respond to potentially harmful situations, including workplace violence.
11. Student demonstrates awareness of potential work-related stress factors and is able to develop self-care and organizational strategies to minimize their impact.
12. Student demonstrates knowledge of fiduciary responsibilities tied to funding streams, regulatory compliance and practice requirements.
13. Student demonstrates understanding of the relationship between accountability for performance outcome, the quality of service and the financial sustainability of the organization.

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**CalSWEC II Mental Health Initiative**  
**Mental Health Competencies**  
**Advanced/Specialization Year**  
**August 2006**

**A Competency-Based Curriculum in Community Mental Health  
For Graduate Social Work Students**

**Introduction**

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- 1. Promotes recovery/wellness through independence, hope, personal development and resiliency for adults and older adults with severe mental illness and for children with serious emotional disorders and their families.*
- 2. Provides culturally and linguistically competent services that are sensitive and responsive to the needs of the local community, and addresses issues of ethnicity, age, gender, sexual orientation and religious/spiritual beliefs.*
- 3. Strives to involve clients and families appropriately in all aspects of the public mental health system, including but not limited to: planning, policy development, service delivery and evaluation.*
- 4. Strives to create a partnership of cooperation and a shared vision of mental health services with other agency partners in the social service arena.*
- 5. Is an advocate for clients' rights.*
- 6. Promotes the development and use of self-help, peer support and peer education for all persons with mental illness and their families.*
- 7. Assists clients in their recovery to return to the most constructive and satisfying lifestyle of their own definition and choice.*
- 8. Provides persons with severe mental illness and/or serious emotional disturbances effective treatment and high priority for receiving services in the most timely manner.*
- 9. Provides services in the least restrictive and most appropriate setting.*
- 10. Supports a Children's System of Care consisting of family-driven, culturally competent, individualized, coordinated and integrated care with accountability to positive outcomes, which meet the unique needs of children and their families.*
- 11. Supports an Adult System of Care consisting of client driven, culturally competent, coordinated, integrated and effective service meeting the unique needs of adults and older adults with severe mental illness, their families and their extended social support system.*
- 12. Supports an Older Adult System of Care consisting of comprehensive and integrated services meeting the unique needs of older adults with severe mental illness, their families, their caregivers, and their extended community support system.*
- 13. Addresses the special mental health needs of all persons with severe mental illness and/or serious emotional disorders who also present with co-occurring substance abuse, psychiatric disabilities and/or other multiple vulnerabilities.*



## **I. Culturally and Linguistically Competent Mental Health Practice**

*This section builds upon the multicultural knowledge, values and skills delivered in the foundation year. Culturally competent practice acknowledges the integral role that culture plays in all individuals' lives, and its influence on not only the ability to adapt to life events, stresses, successes and failures, but also the willingness and ability to undergo treatment for mental health disorders. Advanced students demonstrate the ability to recognize, understand and appreciate their personal culture as well as the culture of others. In conducting mental health assessments, intervention and termination activities, advanced students demonstrate understanding of the impact and interaction of social and political categories of race, ethnicity, age, gender, class, ability, mental illness, sexual/affectional orientation, religion, education, profession, residence, marital status, etc. at the personal, interpersonal, institutional and community levels. Advanced students demonstrate attention to culturally guided community based interventions as well as a commitment to social justice.*

1. Student demonstrates knowledge and appreciation of personal culture and the cultural differences of others, and is able to identify the strengths of diverse populations. Student is able to identify how his/her personal culture may have positive or negative effects on service provision.
2. Student demonstrates knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, acculturation and the individual's way of being.
3. Student is able to develop treatment goals and interventions that are congruent with cultural perspectives across diverse groups.
4. Student demonstrates ability to critically evaluate the use of personal cultural values and norms in transcultural social work mental health practice. Student demonstrates skill in understanding and using personal identity and sense of self in same culture as well as cross-cultural interpersonal encounters.
5. Student demonstrates flexibility in using an array of culturally sensitive and relevant clinical skills in the teaching, advocacy, treatment, healing and case-management roles.
6. Student demonstrates understanding of the common elements of practice (e.g. making eye contact, initiating a handshake, etc.) and how these behaviors may clash with the cultural values of various ethnic and cultural groups.
7. Student demonstrates knowledge about: a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
8. Student demonstrates knowledge and ability to work with interpreters in on-going treatment and long term treatment relationships.

9. Student is able to apply awareness of the effects of acute and accumulative trauma on the health status, health beliefs, help-seeking behaviors, health practices, customs and traditions of diverse consumers and communities.
10. Student demonstrates ability to work sensitively through differences in community mental health practice relationships with consumers, their families, colleagues, other professionals and the community.
11. Student demonstrates ability to critically evaluate the appropriate use of applied intervention models with diverse ethnic and cultural populations and other special needs groups.
12. Student demonstrates knowledge of immigration, migration, resettlement and relocation patterns of the major ethnic groups in the United States, in the context of both historical and current manifestations of oppression, racism, prejudice, discrimination, bias and privilege.
13. Student works to remove institutional barriers that prevent ethnic and cultural groups from using mental health services, and can identify appropriate macro-level interventions.
14. Student demonstrates awareness of the potential bias in clinical assessment instruments and critically interprets findings within the appropriate cultural, linguistic and life experience context of the consumer.
15. Student systematically collects and organizes observations, knowledge and experience to advocate for improved policies and delivery of services in the community.

## **II. Advanced Mental Health Practice**

*Practice competencies in the advanced/specialization year address the complexity and scope of mental health treatment, including specialized services with distinct sub-groups of individuals and families dealing with serious emotional disorders and severe mental illness. Competencies in this section include skills necessary to implement a variety of integrated models of intervention including advocacy, case management, psychosocial rehabilitation, team consultation, evidence-based practice, support of concepts of recovery, time limited treatment and nontraditional healing practices. These competencies are demonstrated in accordance with legal and ethical standards, principles of cultural diversity, commitment to social and economic justice and with sensitivity to the needs of vulnerable populations.*

### **Practice with Individuals**

1. Student demonstrates the ability to apply more advanced and complex analyses of human development and the life cycle in understanding the reciprocal interactions of bio-psychosocial factors.

2. Student is able to distinguish the relationship between theories and treatment in formulating a comprehensive, service goal oriented assessment.
3. Student demonstrates awareness of the mental status examination as part of an assessment to support diagnosis of children, adolescents, adults and older adults.
4. Student is able to diagnose the major mental health disorders using the DSM-IV-TR or other currently accepted diagnostic tools. In working with diverse racial, cultural, and lifestyle groups, student is able to identify the challenges and limitations of diagnosis.
5. Student demonstrates awareness of the prevalence of co-occurring mental health and substance abuse issues, understands the impact of substance abuse on major mental health disorders, and is able to include this knowledge in assessment and treatment planning with consumers.
6. Student demonstrates awareness of the effects of acute, chronic and complex trauma upon the health status and help seeking abilities of individuals.
7. Student demonstrates awareness of issues related to the use of medication and medication information, non-pharmacological interventions, and psychiatric consultation in ethnic-specific populations within the scope of social work practice.
8. Student is able to apply research methodology as it relates to synthesizing, applying and evaluating evidence-based and promising practices. Student is able to assist consumers and their families in applying evidence-based practices that support positive outcomes.
9. Student demonstrates knowledge and appropriate utilization of models of treatment intervention with individuals.
10. Student demonstrates understanding of the limitations of evidence-based practices as they relate to the general population and to specific racial and ethnic groups.
11. Student demonstrates knowledge of the supervisor's tasks in relation to clinical, administrative, educational and supportive functions in public mental health agencies.
12. Student demonstrates awareness of supervisory skills in conflict resolution for the purpose of enhancing multidisciplinary collaborative relationships maximizing service delivery.

### **Practice with Families**

1. Student applies integration of family systems theories to the treatment needs of diverse consumers and their families.
2. Student is able to apply the principles and techniques of crisis and time limited treatment to high-risk families.
3. Student demonstrates awareness of core psycho-social rehabilitation competencies that underlie recovery-oriented practice.

4. Student demonstrates understanding of the recovery process, and is able to use self-help, peer support resources and other programs supporting recovery that are available in the community for consumers and families.
5. Student is able to assess family strengths and limitations in order to more effectively involve collaborative resources (i.e. schools, housing, rehabilitative services).
6. Student demonstrates ability to intervene in a family system where a member has a co-occurring substance abuse and major mental illness, to promote stability and relapse prevention.
7. Student is able to identify and respond to the mental health needs of children in out-of-home placements and their families.
8. Student appropriately utilizes various models of treatment intervention with families.

### **Practice with Groups**

1. Student is able to communicate effectively in an ethnically sensitive practice environment.
2. Student demonstrates understanding of a consumer's barriers to effective problem solving and emphasizes consumer empowerment via group process.
3. Student demonstrates awareness of how the 'use of self' affects group process.
4. Student is able to develop and maintain group structure.
5. Student demonstrates understanding of ethical standards that apply to group work.
6. Student demonstrates knowledge of evidence-based practice of positive outcomes as related to the consumer's compliance and accountability in group process.

### **Practice with Community**

1. Student is able to utilize principles of integrated services, continuity of care, case coordination, collaboration and effective discharge from services in work with consumers and families.
2. Student is able to demonstrate integrated case management including supported education, housing and employment programs, and alternatives to hospitals and other institutional 24-hour care settings. Student maximizes utilization of natural community support.
3. Student is able to utilize differing outreach and advocacy strategies for the benefit of consumers and their families.
4. Student demonstrates knowledge of specific strategies that empower consumers and their families and support self-determination.

5. Student demonstrates knowledge of the various funding streams associated with public health and human services at the local, state and national levels. Student understands how these funding streams relate to public mental health services.
6. Student is able to utilize outcome measures in developing and evaluating programs.
7. Student is able to apply the concepts of crisis intervention and intensive case management to community disasters.

### **III. Human Behavior and the Mental Health Environment**

*Competencies in this section allow students to build on basic knowledge and understanding of human behavior and development across the life span, and apply these theories to specialized circumstances and sub-groups within the mental health consumer community. Included are knowledge of the effects of homelessness, poverty, and co-occurring disorders such as substance abuse on individuals with severe mental illness, as well as an ability to utilize community and family resource support systems as interventions.*

1. Student demonstrates understanding of the unique mental health needs of special populations, including homeless and incarcerated individuals, children, women, older adults, gay and lesbian persons, and individuals with HIV+/AIDS, physical challenges, or co-occurring disorders.
2. Student is able to identify and utilize individual, family and community strengths in the assessment, service planning and service delivery phases. Student recognizes the importance of addressing multiple domains of functioning in each of these phases.
3. Student demonstrates understanding of contributing and interacting aspects of biology, personal attributes, coping style, trauma and developmental events. Student understands how these may affect children with serious emotional disturbances and adults with severe mental illness.
4. Student demonstrates understanding of the role of both natural community supports and resources, and other effective community programs (i.e. community-based support systems).
5. Student demonstrates understanding of the consumer in his/her family context and is able to help identify the role of family in the recovery process. The student understands the support needs of both the consumer and family members.
6. Student is able to use clinical outcome measures in developing and evaluating programs in a cross cultural milieu.
7. Student demonstrates awareness of public misperceptions regarding individuals with mental illness, and understands how these misperceptions may affect help-seeking behaviors and generate stigma and discrimination. Student has knowledge of published research investigating these commonly held misperceptions.

#### **IV. Mental Health Policy and Planning**

*Competencies in this area build on foundation knowledge of agency environments and practice and focus more broadly on policy development, program planning, evaluation and service delivery. Skills in administration and leadership are also addressed, as well as other strategies to enhance organizational effectiveness. Critical to the development of the student in these competency areas is an understanding of the role of the practitioner, the agency and the community (with emphasis on consumers and families), in shaping policy, influencing legislation and participating in the development and implementation of mental health service programs.*

##### **Policy**

1. Student demonstrates understanding of how political ideologies and social values influence the development of legislation, policies, program services and funding at all system levels.
2. Student demonstrates knowledge of current mental health policy and legislation and the implications of these for diverse and disenfranchised populations and communities.
3. Student demonstrates knowledge of the stakeholder community.

##### **Program Planning and Evaluation**

4. Student demonstrates understanding of the role of consumers and families in how community mental health programs are designed and implemented.
5. Student demonstrates understanding of how community mental health programs are designed and evaluated and the relationship between the two.
6. Student demonstrates understanding of the methods of scientific research and applies this knowledge to critically assess mental health services data to promote delivery of evidence-based practice.

##### **Service Delivery**

7. Student demonstrates knowledge of the range and effectiveness of community supports needed to sustain a “life in the community.”
8. Student demonstrates knowledge of state and federal laws that regulate community mental health services and protect the individuals and communities they serve.
9. Student demonstrates understanding of legal and ethical issues affecting the treatment and habilitation of persons with severe mental illness.

##### **Administration/Leadership**

10. Student demonstrates understanding of the various organizational structures of behavioral health systems at the local, state, national and international levels, and how these impede or enhance quality care.

11. Student demonstrates knowledge of organizational change theories and how they influence mental health systems.
12. Student demonstrates knowledge of the functions of administrative practice regarding planning, organizing, staffing, coordinating, reporting, budgeting, and evaluation.
13. Student demonstrates understanding of the administrative and systemic issues of providing direct services to individuals with serious emotional disturbances and severe mental illness in a consumer/family-driven, creative, flexible and culturally competent manner.
14. Student demonstrates understanding of the roles and responsibilities of a leader/manager to plan and develop systems that maximize the abilities and talents of diverse staff and consumer populations.

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# CALSWEC MENTAL HEALTH INITIATIVE MENTAL HEALTH STIPEND PROGRAM



CURRICULUM IMPLEMENTATION  
SURVEY RESULTS  
2005-2006 and 2006-2007

## **Summary of Curriculum Implementation Survey Results**

The following pages describe the strategies utilized by the 17 participating Schools of Social Work as they implement the CalSWEC Mental Health Curriculum Competencies into their curriculum offerings in both class and fieldwork settings.

The table depicting intervention strategies used by each school includes responses for both the 2005-2006 and the 2006-2007 academic year periods. It is interesting to note that many of the participating schools have increased the number and range of strategies they utilized in the second year of the MH Stipend Project. Overall, the tables and narrative responses indicate that the schools are involved in a greater number of activities to assure the implementation and integration of the competency across the curriculum and are working with their faculty, field instructors and local community mental health partners in these efforts.

Throughout the remaining pages of the report, results for the 2005-2006 academic year are presented in black font, while those for the 2006-2007 academic year are presented in **RED** font for ease in distinguishing responses. Several questions were asked only during the 2006-2007 year and those results are also presented in **RED** font.

The activities of the MH Initiative Committee and the Curriculum Implementation Grant funded by the Zellerbach Family Foundation are actively providing support and curriculum resource materials to assist in these important efforts.

### **Changes from 2005-2006 to 2006-2007 Year**

A majority of social work programs reported changes in strategies to implement the mental health curriculum for the 2006-2007 academic year. Activities include:

Addition of required elective courses for MH stipend students

Increased involvement of the MH Stipend Coordinator in curriculum committee activities and teaching mental health practice and other courses to increase infusion of the mental health content;

Changes in texts for mental health courses to reflect evidence based practice and MHSA priority areas;

Increased integration of the Mental Health curriculum competencies into other curriculum areas, including HBSE and Policy;

Development of “signature assignments” for mental health courses that will be \sequenced into the overall curriculum;

Development of an anti-stigma campaign for faculty, field instructors and the entire university community;

Increased participation of Advisory Committee including consumers and local county DMH representatives for the MH Stipend Program;

Increased collaboration with schools and their local county Mental Health departments around issues of workforce education and the MH Stipend program; and

Changes in field work agencies utilized to present increased learning opportunities to students.

## Strategies Used to Integrate and Implement the Mental Health Curriculum Competencies

	Specialized Elective		Specialized Seminar		Infusion of Competencies		Meet with students		Meeting w/ Field Instructors	
	05/06	06/07	05/06	06/07	05/06	06/07	05/06	06/07	05/06	06/07
CSUB	x	x								
CSU Chico			x		x	x		x	x	
CSU Fresno		x	x	x					x	x
CSU East Bay	x	x	x	x	x	x	x	x		x
Humboldt					x	x	x	x	x	x
Long Beach State	x	x	x			x			x	x
Cal State LA	x	x	x	x	x	x	x	x	x	x
Sacramento State		x	x	x	x	x	x	x		x
CSU San Bern.			x		x			x	x	x
Loma Linda Univ.	x	x	x	x	x	x	x	x	x	x
CSU Stanislaus	x	x			x	x	x	x	x	
San Diego State	x	x	x	x			x	x		x
San Francisco State	x	x			x	x	x	x		x
San Jose State			x	x	x	x	x	x		
UC Berkeley	x	x	x	x	x	x		x		x
UCLA	x	x	x	x		x	x	x		
USC	x	x	x	x	x	x	x	x	x	x
Totals	11	13	13	10	12	13	11	14	9	12
Percentages	65	76	76	59	71	76	65	82	53	71

	Training of Field Instructors		Meeting with Mental Health Directors		Regional Mtgs.		Meeting w/ Curriculum Committee		Inclusion of Consumers & Families	
	05/06	06/07	05/06	06/07	05/06	06/07	05/06	06/07	05/06	06/07
CSUB			x	x			x	x		
CSU Chico			x	x		x		x		x
CSU Fresno			x	x	x		x			x
CSU East Bay				x	x	x	x	x	x	x
Humboldt			x	x			x	x		
Long Beach State		x			x	x	x	x	x	x
Cal State LA	x	x	x	x	x	x	x	x	x	x
Sacramento State		x	x	x		x	x	x		x
CSU San Bern.			x		x		x	x	x	
Loma Linda Univ.	x	x	x	x	x	x	x	x	x	x
CSU Stanislaus	x		x	x	x	x	x			
San Diego State			x	x				x		
San Francisco State	x			x	x	x	x			x
San Jose State				x		x	x	x	x	x
UC Berkeley									x	
UCLA					x	x		x		x
USC	x	x	x	x	x	x	x	x	x	x
Totals	5	5	11	13	10	11	13	13	8	11
Percentages	29	29	65	76	59	65	76	76	47	65

**2005-2006 and 2006-2007****Mental Health Concentration****Yes 7 (41%)****No 10 (59%)**

CSU Chico  
CSU East Bay  
Loma Linda  
San Jose State  
UC Berkeley  
UCLA  
USC

CSU Bakersfield  
CSU Fresno  
CSULB  
CSU Los Angeles  
CSU Sacramento  
CSUSB  
CSU Stanislaus  
Humboldt State  
San Diego State  
San Francisco State

**Field Placements Data on Site Locations and Populations Served  
2006-2007****Field Placements in County DMH programs and contract community based agencies:**

55% County operated agencies

45% community based contracted

**Populations Served in Field Placement Settings**

Older Adults -	11.5%
Adults	51%
Transitional Age Youth	10%
Children	27.5

## Innovative Field Placement Arrangements

### **2005-2006**

Student Units  
Student Unit with University faculty as Field Instructor  
Students required to become familiar with consumer based websites  
Students complete journal entries reflecting upon MH Competencies

### **2006-2007**

Establishment of an “evidence based field work unit at Pacific Clinics.  
University provides training for field instructors and students in  
evidence based practice and recovery;  
Students specializing in older adults receive additional curriculum around  
older adult issues;  
Agency based training seminars for fieldwork students;  
Field placements provide rotation to various program areas within the  
agency;  
University based field instructor provides supervision in agency  
Developing plan for student units with shared position at  
university/agency to provide field supervision;  
Student unit with multiple counties in Bay Area

## **Evaluation Methods for Implementation of the Competency Curriculum in Classroom and Field Work Settings**

### **2005-2006**

- Class Discussion
- Review of written assignments reflecting the MH Competency Curriculum
- Field Evaluation to reflect acquisition of MH Competency Curriculum Skills/Scored Evaluation Tool
- Class Assignments used to determine mastery of knowledge and skills
- Outcome Survey completed by all MH Stipend Students
- Use of Matrix/Grid of Competencies and where delivered
- Discussion in Quarterly Curriculum Committee meetings
- Student Self Assessment Tool

### **2006-2007**

- 1-to-1 meetings with students and field instructors
- Curriculum committee interactions
- Individual faculty interactions
- Elective courses that are curriculum competency based
- Field learning agreement
- Outcome survey (LLU)
- Matrix for faculty (SFS)
- Likert Scale in learning agreement – completed at beginning and end of year (SJS)
- Curriculum snapshot – Competency survey (UCLA)
- Evaluation Forms specific to MH competencies (USC)



## Implementation of Content on Evidence Based Practice

### 2005-2006

- Literature review in course syllabus
- Student Assignments
  - Research literature and evaluate interventions
  - Class presentations
- Use of text and tool kits
  - Drake, Merrens, & Lynde (2005). *Evidence-based Mental Health Practice*
  - Glicker, M.
  - Cognitive Behavioral Therapy Work Books
  - SAMHSA Tool Kits
- Use of Mental Health related Websites
  - SAMHSA Website
- Inclusion of EBP information in other course sequences
  - Research Courses
- California Institute of Mental Health resources on EBP
- Infusion of content on EBP infused in total curriculum offerings

### 2006-2007

- Content included in advanced Mental Health Elective
- Classroom discussions and reading assignments
- Texts in all Mental Health courses are evidence based
- Utilize Surgeon Generals Report
- New course focusing on Evidence Based Practices planned for next year
- All MH Stipend students take a required Recovery Model Mental Health elective or Public Mental Health course
- Content integrated into Mental Health Integrative Field Seminar
- Training seminars for faculty and field instructors on EBP
- Updating syllabi to reflect emphasis on Evidence Based and Best Practices in Mental Health
- Included in required Field Instructor training
- Field Unit focusing on Evidence Based/Promising Practices

## **How can CalSWEC MH Initiative support the Curriculum Development and Implementation**

### **2005-2006**

- Provide channels for communication regarding issues
- Develop Project Coordinators Manual
- Resource Sharing
- Model Curricula Sharing
- Continue and increase dialogue among school partners
- Continue and increase dialogue among schools and county partners

### **Interest in Training Seminars from CalSWEC**

Yes (100% of Sample)  
Identified Training Needs

- Faculty and Field Instructors
  - Training consumers/Consumer involvement
  - Recovery Model
  - Evidence Based/Promising Practices
  - Psychosocial Rehabilitation
- Training for Field Instructors
  - Recovery Model
  - Strengths Based Practice
- Training for Coordinators
  - Development and Utilization of Advisory Boards
  - Barriers to Implementation of the Program

## **2006-2007**

### **Training**

#### **Training Topics**

- Evidence Based Practice
- Interdisciplinary Treatment
- Anti-stigma
- Accommodation for consumer and family member students
- Evaluation of MH Competency curriculum
- Training for faculty on MH competencies

#### **Other Training Activities**

- Develop training videos

#### **Curriculum Development Activities**

- Identify and disseminate resources for curriculum development
- Development of Curriculum Modules
- Establish a Resource center for Curriculum Materials
- Develop library holdings similar to Child Welfare
- Provide assistance to schools wishing to design seminars for mental health students
- Develop online courses to supplement department curriculum
- Bibliography on recovery oriented information

### **Other Support and Collaboration Activities**

- Develop a system for larger schools mentoring smaller programs
- Move from statewide to regional/county planning for stipends
- Develop materials for public forums, newspaper ads, TV ads etc. to educate the general public to recovery, wellness and resiliency
- Work with CMHDA to support hiring of MH Stipend program graduates in county mental health positions
- Provide speakers with national perspective on workforce development
- Work with CMHDA to have each county designate an ombudsman /MHSA person to the schools
- Facilitate regional communication

### **Activities related to MH Stipend Program Contract**

- Stabilization of MH stipend Program
- Stability and support for MH stipend Program infrastructure
- Provide funding/travel support for attendance/participation in training events and national conferences
- Increase funding support for MH coordinator for regional development, travel, training, etc.
- Help DMH understand the resources required by the university to develop partnerships and collaboration
- Develop a 2 year program
- Develop a part-time program
- Increase resources to support additional MH stipend students
- Need outcome research on retention of MH Stipend Program graduates
- Work with LA County Mental Health to support a stipend program to supplement the CalSWEC program
- Work with DMH to identify and procure WET funds for curriculum development.

## **Future Plans and Development of MH Stipend program Curriculum**

### **2005-2006**

- Increase MH specialized seminars to 2 semesters
- Increases involvement of Field Instructors in Curriculum development
- Increase participation of Consumers/Families in Curriculum development and delivery of courses
- Increase infusion of competencies in curriculum across the MSW program
- Identify critical consumer issues in the MH Stipend program to develop strategies for their successful experience, including recognition of unique strengths and challenges
- Continue development of relationships with county agency staff to build internship program
- Increase regional partnerships
- Develop an evaluation tool for all schools to assess curriculum implementation
- Explore off-site training collaborations with community agency partners
- Develop a networking strategy for MHSA trained students within the region

### **2006-2007**

- Develop series of seminars for MH students
- Develop formal evaluation tool to see how competencies are implemented in class and field
- Review and update curriculum
- Training for Field Instructors
- Regional meeting participation
- Utilize matrix tool to map the inclusion of competencies in coursework
- Involve new MH Directors in coordination
- Develop a collaboration with local counties and a measurement tool for supervisor and students regarding implementation of the competencies
- Work with core faculty
- Work with Disability Resource center on campus

### **Interest in CalSWEC MH Technical Assistance**

**TA Assistance meetings could include Faculty, Field Instructors  
County and Contract Agency staff and be developed for local or  
Regional population groups**

2005-2006	Yes	15	No/No Response	2
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2006-2007	Yes	11	No/No Response	6
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Specific topics identified:

- Evidence Based Practices/Best Practices

- Understanding and overcoming professional stigma

- Teaching to students/consumers with mental health issues

- Creating a safe learning situation for students/consumers with mental health issues

- Interagency/University coordinated training

- Recovery

- Psychosocial Rehabilitation

- Tools and Strategies for evaluating the implementation of the MH Competency curriculum

## **Innovations in MH Stipend Program Curriculum Delivery and Development**

**This list includes projects continuing from the 2005-2006 year and several new innovative projects**

1. Development of Web Site at individual schools for the MH Stipend/Internship program  
Several schools have developed sites.  
San Jose State (Charley Hodson, MH Stipend PC)  
Sacramento State (Susan Taylor, MH Stipend PC)
2. Development of training seminars for non-stipended students as well as MH Stipend students  
Better to prepare students to join the workforce even if not stipended
3. Utilize Research Assistants studying areas around Evidence Based/Best practices  
Review school curriculum for infusion  
Identify curriculum resources to enhance teaching of EB/Best Practices  
Develop missing or inadequate curriculum supports in this area  
Review how mental health consumers are best included and integrated into the delivery of public mental health services
4. Central Valley Region (including CSU Stanislaus, CSU Fresno and Sacramento State and Central Counties)  
Have developed a model for regional meetings to develop collaborative partnerships and design regional activities to support the workforce development goals of the MHSA
5. CSU Sacramento is developing a specialty course for MH Stipend students in partnership with Turning Point (a mental health agency specializing in psychosocial rehabilitation) with the integration of consumers and Turning Point Staff as trainers in 6 sessions of the 15 week course. The majority of these sessions will be held at the community based agency site and will involve all MH Stipend students at CSU Sacramento.

6. USC is planning to develop an “Evidence Based Practice” field unit in mental health focused on recovery for MH Stipend Students. Dr. John Brekke and Dr. Micki Gress, Director of Field Education are coordinating this innovative project. This kind of educational model could provide training to students to prepare them as leaders in the transformation of public mental health services.

This field unit has been developed and is highlighted in the Institute for Advancement of Social Work Research Partnerships to Integrate Evidence-Based Mental Health Practices into Social Work Education and Research Full Symposium Report. A unit of 8 SW interns and 4 OT interns were placed at Pacific Clinics and Portals, and both the student group and the field instructors received intensive training on evidence based and promising practices to utilize in their learning experiences.

7. Bay Area Mental Health Directors have had several meetings with representatives from the Bay Area schools and representatives from the CalSWEC MH Initiative Committee.
8. Sacramento State University is planning to develop and deliver a distance education MSW program in the northern mountain counties of the state which will accommodate students in those geographic area.
9. CSU Chico will be developing a part-time model of the MSW program out of Redding to accommodate students in that geographic area beginning in Fall 2009.
10. CSU Chico has developed a collaborative partnership with Butte County and the Department of Rehabilitation are coordinating a series of training activities for MH stipend students. The students take their new knowledge back to their field placement agency to work with staff on a project around implementation of recovery principles in their setting.